Item 18 &21 Film G142 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

03012

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA, COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
STREET ADDRESS (If rural, give location) 206 ADAIR AVENUE

3. NAME OF DECEASED (Type or Print): (First) LINCOLN (Middle) W. (Last) BEATTY
4. DATE OF DEATH: (Month) MARCH (Day) 24, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	WIDOWED	6/20/1862	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BEATTY, HENRY C.
14. MOTHER'S MAIDEN NAME: HARTMAN, ABBIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. J. F. Beatty, Terra Alta, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	2 days
903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Impacted complete fracture left Htra	5 days
II	(c) Arteriosclerosis with auricular fibrillation	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) (COUNTY) (STATE): Terra Alta, W. Va.
TIME OF INJURY (Month) (Day) (Year) (Hour): – – – m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell in bathroom. (4-22-52 ams)

22. I hereby certify that I attended the deceased from Mar 22, 19 52 to Mar 24, 19 52 that I last saw the deceased alive on Mar 24, 19 52 and that death occurred at 11:43 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles E Smith	M.D.	Terra Alta W Va	Mar 25/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-27-52	Terra Alta	Terra Alta W Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/27/52	Julia L Lowan	A. F. Callin	Terra Alta W Va.

RECEIVED
APR 8
BUREAU V. S.

03013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 168

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Finzel

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Finzel

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MARY	ANNA	CHIPIKITIS	March 12, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	Sept. 8, 1879	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	home	Lithuania	LITHUANIA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	none	Mrs. Josephine Baker, Finzel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio-Vascular-Renal Disease — DUE TO

4442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3/10, 1952, to 3/12, 1952, that I last saw the deceased alive on 3/10, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE W E Gatten (DEGREE OR TITLE) M.D ADDRESS Frostburg Md. DATE SIGNED 3/13/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-15-52	Finzel Cemetery	Finzel, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 13-52	Magdalena Michael	J. R. Durst,	Frostburg, Md.

RECEIVED
MAR 17 1952
BUREAU V. S.

Items 4,11 Film3140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03014

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND; LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE; STREET ADDRESS (If rural, give location) % MRS. WILLIAM FRAZEE

HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

3. NAME OF DECEASED (Type or Print): (First) CRISTO (Middle) (Last) DENIFF

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH:

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bruce

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. William F. Frazee, Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	10 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary emphysema	Several yrs.
	(c)	

491.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 19.52, to Mar. 16, 1952, that I last saw the deceased alive on Mar. 15, 19.52, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. 101 Third St. Oakland, Md. March 17, 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 3/19/52

NAME OF CEMETERY OR CREMATORY: Cove Cem

LOCATION (City, town, or county) (State): Accident, RD. Garrett Co, Md

DATE REC'D BY LOCAL REG. 3/19/52

REGISTRAR'S SIGNATURE: Julia G Rawson

24. FUNERAL DIRECTOR ADDRESS: Allen Winebrenner GRANTSVILLE, MD

Local

VS. A15

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03015

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND, COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LAKE PARK,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ~~MARY~~ Barbara (Middle) ~~CIRL~~ Jean (Last) DURBIN

4. DATE OF DEATH: (Month) MARCH, (Day) 6, (Year) 1952

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S | 8. DATE OF BIRTH: MARCH 6, 1952 | 9. AGE last birthday: ✓ yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours 4 / Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Garrett Co. Hosp., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DURBIN, MORLEY FREDRICK
14. MOTHER'S MAIDEN NAME: OWEN, BETTY DORIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: MORLEY FREDRICK DURBIN, Mt. Lake PARK, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Infant — Interval Between Onset and Death: 4 hr. 10 mi

7767 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1952, to Mar. 6, 1952, that I last saw the deceased alive on Mar. 6, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
A.E. Maure	MD	Oakland	Md	7 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/6/1952	RAVENSWOOD CEMETERY,	NORTH RAVENSWOOD? W. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/52	Julia Lowman	Emroy D. Balden	Oakland, Md.

VS-A15

10306222342

emc

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03016

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Swanton — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Swanton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) STEVEN (Middle) OLIVER (Last) DURST
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 3, 1863
9. AGE last birthday: 88 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Garrett Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hanson V Durst
14. MOTHER'S MAIDEN NAME: Charlotte Broadwater
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr Clarence Wilt, Grantsville, R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia Hemorrhage — 6 days

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1952, to 3/16, 1952, that I last saw the deceased alive on 2/10, 1952, and that death occurred at 1:45 P m. from the causes and on the date stated above.

SIGNATURE: James H McPherson (Degree or title) — ADDRESS: Redmond Co — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/18/52 — NAME OF CEMETERY OR CREMATORY: McRobic Cem — LOCATION (City, town, or county) (State): Swanton, Garrett Co. Md.

DATE REC'D BY LOCAL REG.: 3/21/52 — REGISTRAR'S SIGNATURE: Julia Rowan — 24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville, Md.

CMC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1952
U.S. PATENT OFFICE

COPY SENT TO LOCAL REGISTRAR No.____ DATE____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

301

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton; LENGTH OF STAY (in this place) MARYLAND 74 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 mi. North Swanton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton; STREET ADDRESS (If rural, give location) 3 Mi. North Swanton, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Fitzwater

4. DATE OF DEATH: (Month) (Day) (Year) March 27, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/1/1877

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Fitzwater

14. MOTHER'S MAIDEN NAME: Hepzibah George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: --------

17. INFORMANT AND ADDRESS: Arthur Fitzwater Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gangrene of both legs	1 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Prostatitis & Hypertension

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 52, to March 27, 1952, that I last saw the deceased alive on March 26, 19 52, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: Ralph Columbrello (Degree or title) M.D ADDRESS Keymar Md DATE SIGNED March 29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/30/1952 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): near Swanton, Md.

DATE REC'D BY LOCAL REG. 3/30/52 | REGISTRAR'S SIGNATURE: Julia Mewen | 24. FUNERAL DIRECTOR: Herbert C. Loughton ADDRESS Oakland, Md.

RECEIVED
APR 8 1952
BUREAU V. S.

301

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND RURAL
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print) (First) PATRICIA (Middle) DIANE (Last) FRIEND
4. DATE OF DEATH (Month) MARCH (Day) 16 (Year) 52 19

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH NOV. 23, 1951
9. AGE last birthday yrs. If under 1 year Months 3 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME FRIEND, CLAUDE R.
14. MOTHER'S MAIDEN NAME SANDERS, LEONA CATHRINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. & Mrs. Claude Friend, Route # 1 Oakland, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Septicemia	5 hr.
4 p x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia	15 hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19...., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE John B. Harley, M.D. (Degree or title) ADDRESS Terra Alta W.Va. DATE SIGNED 16 March 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/18/52
NAME OF CEMETERY OR CREMATORY Blooming Rose
LOCATION (City, town, or county) Nr. Friendsville (State) Md

DATE REC'D BY LOCAL REG. 3/18/52
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emroy Balden ADDRESS Oakland Md.

20X1328406 Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03019

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md
LENGTH OF STAY (in this place): 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cuppett Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Vespie (Middle) Ann (Last) Friend.
4. DATE OF DEATH: (Month) (Day) (Year) 3/7/1952 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/6/1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hoyes, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Archibald Casteel LeWitt
14. MOTHER'S MAIDEN NAME: Mary Browning.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: H.M. Casteel, Uniontown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — ? years

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease — ? years

(c) Bronchitis + Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Dec, 1948, to 3 March, 1952, that I last saw the deceased alive on 3 March, 1952, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE: Thomas D Lusby M D (Degree or title) — ADDRESS: Oakland, Md — DATE SIGNED: 8 March 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/7/1952 — NAME OF CEMETERY OR CREMATORY: Hoyes Cemetery — LOCATION (City, town, or county) (State): Hoyes, Maryland.

DATE REC'D BY LOCAL REG.: 3/7/52 — REGISTRAR'S SIGNATURE: Julia A Rawson — 24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — Mt. Lake Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md. | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Hervey (Last) Hauser.

4. DATE OF DEATH: (Month) (Day) (Year) 3/4/1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: 8/2/1875 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teamster. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Oakland, Maryland, Route #2 | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Hauser.

14. MOTHER'S MAIDEN NAME: Margaret Roth,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harold Hauser, Oakland, Md. (son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 12-1951 | 19b. MAJOR FINDINGS OF OPERATION: Dry Gangrene Right Leg | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1951, to March 1951, that I last saw the deceased alive on March 1, 1952 and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. D. Baumgartner M.D. Oakland Md 3/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/7/1952 | NAME OF CEMETERY OR CREMATORY: St. John's Church Cemetery | LOCATION (City, town, or county) (State): Red House, Md.

DATE REC'D BY LOCAL REG. 3/7/52 | REGISTRAR'S SIGNATURE Julia Mowen

24. FUNERAL DIRECTOR: Emroy D. Bolden | ADDRESS: Oakland, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 16 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3022

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT OAKLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) Life Time
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GORMANIA RURAL
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print) (First) HERVEY (Middle) HAROLD (Last) HAUSER
4. DATE OF DEATH (Month) MARCH (Day) 10, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH APR. 22, 1915
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND, CRELLIN.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME HAUSER, HENRY
14. MOTHER'S MAIDEN NAME ENLOW, JULIA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-8460
17. INFORMANT AND ADDRESS Mrs. Hervey Hauser, R # 1, Gormania, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease

201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1952, to Mar 10, 1952, that I last saw the deceased alive on Mar 10, 1952, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 3/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/1952
NAME OF CEMETERY OR CREMATORY Bt. Johns Cemetery
LOCATION (City, town, or county) (State) Red House, Md.

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE Julia G Rowan Local
24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAR 24 1952
BUREAU V. S.

0302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilson
LENGTH OF STAY (in this place) 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) Sue (Last) Lee
4. DATE OF DEATH (Month) March (Day) 13, (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 4, 1934
9. AGE last birthday 18 yrs. If under 1 year Months 1 Days 9 If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done in principal working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wilson, Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Forrest Lionel Boyce
14. MOTHER'S MAIDEN NAME Freda Eva Rodeheaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-30-0474
17. INFORMANT AND ADDRESS Mrs. Eva Boyce, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia (left)	2
4x X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Fibrinous Pleurisy (left)	2
	(c) Influenza	5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1952, to March 13, 1952, that I last saw the deceased alive on March 12, 1952, and that death occurred at 10:55A m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D. ADDRESS Ritzwiller, Md. DATE SIGNED March 13 52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 3/16/52
NAME OF CEMETERY OR CREMATORY George Cemetery
LOCATION (City, town, or county) (State) Swanton, Garrett Co., Md.

DATE REC'D BY LOCAL REG. 3/16/52
REGISTRAR'S SIGNATURE Julia A. Kasaan Local.
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03024

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland, — LENGTH OF STAY (In this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: near Red House

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland,
STREET ADDRESS (If rural, give location): near Red House

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dora	Mosser	Lee	March 1, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	5/22/1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: David Mosser

14. MOTHER'S MAIDEN NAME: Virginia Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	-------	Floyd Lee R. D. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Heart Disease	3 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	10-15 yrs
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 31, 1950, to March 1, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A E. Rauch	MD	Oakland Md	3 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/5/1952	Red House Cemetery	Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5/52	Julia O Rawson	Herbert E. Leighton	Oakland, Md.

RECEIVED
MAR 17 1952
BUREAU V. S.

302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Watercliffe St.

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) (Last) LEWIS
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 11, 1882
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Lewis
14. MOTHER'S MAIDEN NAME: Annie Carthew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — no
16. SOCIAL SECURITY NO.: 216-05-5844
17. INFORMANT AND ADDRESS: Mary Kroll, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: ?

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia + Cerebral Degeneration ?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan 1952, to 17 Mar 1952, that I last saw the deceased alive on 17 Mar 1952, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M.D. Oakland, Md. 17 March 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 20, 1952
NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.
LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG'R: 3 Mar 52
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: M. Eichhorn
ADDRESS: Lonaconing Md

RECEIVED
MAR. 24 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3026

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY Garrett; Oakland, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md; LENGTH OF STAY (in this place) life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ellsworth (Middle) (Last) Mayle

4. DATE OF DEATH: (Month) (Day) (Year) 3/21/1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2/6/1865

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of a farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Near Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Mayle

14. MOTHER'S MAIDEN NAME: Sarah Mayle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Jonas Sines, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho Pneumonia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis Severe -	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1950, to March 22, 1952 that I last saw the deceased alive on March 22, 1952, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE: A.E. Mance (Degree or title) Md ADDRESS: Oakland Md DATE SIGNED: 31 Mar 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/2/1952

NAME OF CEMETERY OR CREMATORY: Bray Cemetery

LOCATION (City, town, or county) (State): Near Oakland, Md.

DATE REC'D BY LOCAL REG. 4/2/52

REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emrey D. Bolden, Oakland, Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 16 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

:302

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton; LENGTH OF STAY (in Md.) 7 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R#2- Meadow Mountain

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton; STREET ADDRESS (If rural, give location) R#2, Meadow Mt.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Bryson (Last) O'Brien

4. DATE OF DEATH: (Month) March (Day) 9, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 18, 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months 4 Days 21; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Garrett Co., Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Daniel Trentor O'Brien

14. MOTHER'S MAIDEN NAME: Mary Pritts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur O'Brien, R#2, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease with	7
	(c) Marked edema	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to March 9, 1952, that I last saw the deceased alive on March 8, 1952, and that death occurred at 1:15P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calvert (Degree or title) M D ADDRESS: Kitzmiller Md DATE SIGNED: March 10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3/12/52; NAME OF CEMETERY OR CREMATORY: O'Brien Cemetery; LOCATION (City, town, or county) (State): R#2, Swanton, Md.

DATE REC'D BY LOCAL REG. 3/12/52; REGISTRAR'S SIGNATURE: Julia O'Brien Lewis

24. FUNERAL DIRECTOR: Otha F. Sharpless, ADDRESS: Blaine, W.Va.

RECEIVED
MAR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3025

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park Md.; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kempton. Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Pabst (Last)

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William Povish (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide by Hanging — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 7742

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Nursing home (CITY OR TOWN) Mt. Lake Park (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 10-1952 12 P. m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Hanged self by rope

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ✓, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. J. Bennington M.D. Oakland Md 3/10/52

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL | DATE THEREOF: 3/12/1952 | NAME OF CEMETERY OR CREMATORY: Davis City Cemetery | LOCATION (City, town, or county) (State): Davis. W.VA.

DATE REC'D BY LOCAL REG. 3/12/52 | REGISTRAR'S SIGNATURE: Julia Rowan. Julia Rowan | 24. FUNERAL DIRECTOR ADDRESS: Wayne C. Spiggle, Davis. W.VA. (Wayne C. Spiggle)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 17 1952
BUREAU V. S.

3024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park — LENGTH OF STAY (In this place) 21 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#2- Deer Park-Oakland Rd	STREET ADDRESS (If rural, give location) R#2- Deer Park-Oakland Rd.

3. NAME OF DECEASED (Type or Print)	(First) Oliver	(Middle) Easton	(Last) Pease	4. DATE OF DEATH	(Month) March (Day) 7 (Year) 1952 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct.22,1889	9. AGE last birthday 62 yrs.	If under 1 year Months 4 Days 10 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Potter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) East Liverpool, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Pease		14. MOTHER'S MAIDEN NAME Hattie Hustleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. 214-12-3120	17. INFORMANT AND ADDRESS Blanche Pease-R#2, Deer Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple cerebro-vascular accidents	Last one
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	29 Feb 52
	(c) Hypertensive cardio-vascular disease	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec, 1949, to 1 March, 1952, that I last saw the deceased alive on 1 March, 1952, and that death occurred at 5:45P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas A Lusby	M. D.	Oakland, Md.	8 March 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/10,1952	NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	LOCATION (City, town, or county) Near Deer Park, (State) Md.
DATE REC'D BY LOCAL REG. 3/10/52	REGISTRAR'S SIGNATURE Julia A Rowan Lasoe	24. FUNERAL DIRECTOR Otha F. Sharpless,	ADDRESS Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 17 1952
BUREAU V. S.

303

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 12 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROUTE #3, TERRA ALTA,
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) ROGER (Middle) (Last) POWELL
4. DATE OF DEATH (Month) MARCH (Day) 30 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH OCT. 30, 1951
9. AGE last birthday yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) TERRA ALTA, WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME POWELL, WILLIS
14. MOTHER'S MAIDEN NAME MURPHY, HELEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Route # 3 Mr. & Mrs. Roger Powell, Terra Alta, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningococcic Meningitis — INTERVAL BETWEEN ONSET AND DEATH 24 h.

057.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 28, 1952 to Mar 30, 1952, that I last saw the deceased alive on Mar 30, 1952 and that death occurred at 9:05 P m., from the causes and on the date stated above.

SIGNATURE Chas. E. Smith (Degree or title) M.D. ADDRESS Terra Alta W Va DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 1, 1952
NAME OF CEMETERY OR CREMATORY Everly Cemetery
LOCATION (City, town, or county) Terra Alta (State) WVa
DATE REC'D BY LOCAL REG. 4/1/1952
REGISTRAR'S SIGNATURE Julian Rowan
24. FUNERAL DIRECTOR [illegible] ADDRESS Terra Alta W Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
APR 16 1952
BUREAU U. S.

03031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland — LENGTH OF STAY (In this place): 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4 mi north Oakland on Route #219

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Oakland
STREET ADDRESS (If rural, give location): 4 Mi North Oakland on Route # 219

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Bernadine (Last) Pratt
4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1952 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12/29/1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Allen Paugh
14. MOTHER'S MAIDEN NAME: Nancy Jane Boger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT AND ADDRESS: Miss Effie Paugh Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sclerotic Heart disease — 5 yrs
(c) Old Cerebral Vascular Accident — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1950, to 2-13, 1952, that I last saw the deceased alive on 2-13, 1952, and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James H. Feaster Jr. M.D. U.S. 2nd St. Oakland, Md 3-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/27/1952
NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
LOCATION (City, town, or county) (State): near Deer Park, Md.

DATE REC'D BY LOCAL REG.: 3/27/52
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
APR. 8. 1982
BUREAU

03032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (in this place) 85 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 mi. So. Oakland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 3 mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print) (First) Sarepta (Middle) Rachel (Last) Riley
4. DATE OF DEATH (Month) March (Day) 20, (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2/12/1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Lower
14. MOTHER'S MAIDEN NAME Huldah Harvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS Milton Riley Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH ? years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to Mar 20, 1952, that I last saw the deceased alive on 1 Mar, 1952, and that death occurred at 12:05P. m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby (Degree or title) M. D. ADDRESS Oakland, Md. DATE SIGNED 3/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/23/1952
NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.
LOCATION (City, town, or county) (State) near Oakland, Md.
DATE REC'D BY LOCAL REG. 3/23/52
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03033

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 3 hrs 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AURORA
STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print) (First) JANET (Middle) SUE (Last) RINEHART
4. DATE OF DEATH (Month) MARCH (Day) 27 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12/27/1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME RINEHART, RONALD MILTON
14. MOTHER'S MAIDEN NAME BOHON, MARY ELLEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS RONALD M. RINEHART, ROUTE #1, AURORA W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 Days

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Mar, 1952, to 27 Mar, 1952, that I last saw the deceased alive on 27 Mar, 1952, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MW ADDRESS Oakland Md DATE SIGNED 27 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3/29/52 NAME OF CEMETERY OR CREMATORY Simple Ridge LOCATION (City, town, or county) Aurora W Va (State)

DATE REC'D BY LOCAL REG. 3/29/52 REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1982
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett, Oakland, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.; LENGTH OF STAY (in this place) Life Time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett, CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland. STREET ADDRESS (If rural, give location) 120 East Oak Street

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Gordon (Last) Ross.

4. DATE OF DEATH (Month) (Day) (Year): 3/13/1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 3/7/1869

9. AGE last birthday: 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk of Circuit Court

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cameron W. Va. Marshall Co. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mathias Ross

14. MOTHER'S MAIDEN NAME: Mary Jane Neir.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. William Naylor, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colonic Stasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to March 18, 1952, that I last saw the deceased alive on March 18, 1952, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE: E F Bowman (Degree or title) ADDRESS Oakland Md DATE SIGNED March 19-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/20/1952

NAME OF CEMETERY OR CREMATORY: Oakland Cemetery

LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 3/20/52

REGISTRAR'S SIGNATURE: Julia G. Rowan

24. FUNERAL DIRECTOR: Emroy D. Bolden ADDRESS: Oakland, Md

RECEIVED
MAR 24 1952
BUREAU V. S.

3035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Gorman MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gorman Md Rural
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gorman Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) (Last) RUMER

4. DATE OF DEATH (Month) (Day) (Year) 3/2/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3/6/1890

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - General Laborer's work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Horse Shoe Run, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Taylor Rumer.

14. MOTHER'S MAIDEN NAME Martha Winters.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Bessie Liller, Gormania, W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 days

44' X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal Disease with marked — ?

(c) edema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1952, to March 2, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 12:30A.m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) ADDRESS Kitzmiller Md DATE SIGNED March 4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/5/1952

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Near Table Rock Md.

DATE REC'D BY LOCAL REG. 3/5/52

REGISTRAR'S SIGNATURE Julia Rowan Local

24. FUNERAL DIRECTOR Emroy D. Bolden, Oakland, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
APR 16 1952
BUREAU V. S.

Items 14, FilmG142 4/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (in this place) 5 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home	STREET ADDRESS (If rural, give location) Cuppett Nursing Home

3. NAME OF DECEASED (Type or Print)	(First) Albert	(Middle) Melvin	(Last) Sanders	4. DATE OF DEATH	(Month) March (Day) 23, (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/20/1869	9. AGE last birthday 82 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas W. Sanders		14. MOTHER'S MAIDEN NAME [illegible]			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT AND ADDRESS Mrs. Ralph Fauber Oakland, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart Disease	4 yrs
	(c) Gangrene Lft. Leg	3 mos.

47

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1951, to 3-13, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] H. Fearts, Jr. M.D. ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED 3-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/25/1952	NAME OF CEMETERY OR CREMATORY Sanders Family Cem.	LOCATION (City, town, or county) (State) Preston Co., W. Va.
DATE REC'D BY LOCAL REG. 3/25/52	REGISTRAR'S SIGNATURE Julia A. Cowan Local	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1982
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND W. Va. — COUNTY: GARRET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS: 15th St. (If rural, give location) Gaston Ave. SUPPETT NURSING HOME

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) ELIZABETH (Last) SPEDDEN
4. DATE OF DEATH: (Month) MARCH (Day) 21, (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: 7/6/1879
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: BOYER, SAMUEL E.
14. MOTHER'S MAIDEN NAME: HINEBAUGH, ETTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Talhill, R # 3 Mrs. Ruth Spedden Talbott, Fairmont, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peptic Ulcer - Hemorrhages — 3 days

402 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Myocarditis — years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 21 March, 1952, that I last saw the deceased alive on 21 March, 1952, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas A. Lusby (Degree or title) M. D. — ADDRESS: Oakland, Md. — DATE SIGNED: 21 March 52

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 3/23/52 — NAME OF CEMETERY OR CREMATORY: Hill Top Cemetery — LOCATION (City, town, or county) (State): Fairmont W. Va.

DATE REC'D BY LOCAL REG.: 2/21/52 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: R. C. Jones — ADDRESS: 421 Jackson St Fairmont W. Va.

Local Blaine Southman

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 03038

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington - Rural
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3½ Mi - W - of Bloomington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington - Rural
STREET ADDRESS (If rural, give location) 3½ Mi - W - of Bloomington

3. NAME OF DECEASED (Type or Print) (First) ETHEL (Middle) MAE (Last) TICHNELL
4. DATE OF DEATH (Month) MARCH (Day) 18 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH May 1, 1912
9. AGE last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Bloomington, Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Philip H. Barnard
14. MOTHER'S MAIDEN NAME Virginia A. Duckworth.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lawson Tichnell - Bloomington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Uterus,	2yrs
174 X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Uterus,
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3rd 1951, to 3/18, 1952 that I last saw the deceased alive on 3/17, 1952, and that death occurred at 10.30 m. from the causes and on the date stated above.

SIGNATURE James H. W. Shuetz (Degree or title) ADDRESS Piedmont W. Va. DATE SIGNED 9/20 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 21 Mar 52
NAME OF CEMETERY OR CREMATORY Tichnell Cemetery
LOCATION (City, town, or county) (State) Garrett Co. Md.

DATE REC'D BY LOCAL REG. 3-21 52
REGISTRAR'S SIGNATURE Darsey Pattison
24. FUNERAL DIRECTOR E. S. Boal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAR 24 1952
BUREAU W. S.

Item 3 Film G140 4/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03039

Reg. Dist. No. 126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND | LENGTH OF STAY (In this place) 49 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) 8th STREET

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) L. (Last) WINTERS
4. DATE OF DEATH: (Month) MARCH (Day) 26, (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 6/2/1873
9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SUNNYSIDE, MARYLAND,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MOON, JOHN
14. MOTHER'S MAIDEN NAME: STAHL, EMMA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: HARVEY WINTERS, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — ?

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Art. C. V. D. — ?

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Mar 26, 1952, that I last saw the deceased alive on Mar 26, 1952, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Thomas D. Gushy M.D. — Oakland, Md. — 26 Mar 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/28/1952 | NAME OF CEMETERY OR CREMATORY Oakland Cemetery | LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 3/28/52 | REGISTRAR'S SIGNATURE Julia A Mowan | 24. FUNERAL DIRECTOR Emroy D. Bolden | ADDRESS Oakland, Md

RECEIVED
APR 8 1932
BUREAU V. S.